

CLAIMS ONLY

Application Number _____

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|-----------------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | | | | | | |
| Total Depend | | | | | | |
| Total Claims | | | | | | |

May be used for additional claims or amendments

CLAIMS

AS FILED

AFTER FIRST AMENDMENT

AFTER SECOND AMENDMENT

Indep Depend

Indep Depend

Indep Depend

Total
Indep

Total
Depend

Total
Claims

51

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